



Missouri Pharmacy Program – Preferred Drug List



Bone Deossification Suppression Agents

Effective 11/01/2004

Revised 01/03/2008

Preferred Agents

- Actonel® Tabs
- Miacalcin®
- Boniva® Tabs

Non-Preferred Agents

- Fosamax®
- Fosamax® Plus D
- Fosamax Solution
- Didronel®
- Actonel® with Calcium
- Actonel® 75mg
- Fortical
- Boniva® Syringe
- Fortical®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents Documented trial period for preferred agents Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents Therapy will be denied if no approval criteria are met
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030.